

# Washington Metropolitan Area Transit Commission

## 2011 Carrier Annual Report Form

### PLEASE NOTE:

- Each carrier holding a WMATC certificate of authority on January 1, 2011, must file a complete 2011 annual report and pay a \$150 annual fee on or before **January 31, 2011**. To be timely, the report and fee must be received at WMATC's office by this date.
- Incomplete annual reports will not be accepted. All fields marked with an asterisk (\*) must be completed. If any information is missing or incorrect, make all necessary corrections.
- Each carrier that fails to file a complete annual report on time will be assessed a **\$100 late fee**. Each carrier that fails to pay the \$150 annual fee on time will be assessed a separate **\$100 late fee**.
- The WMATC operating authority of each carrier that has not filed a complete annual report and paid its annual fee and any assessed late fees will be automatically suspended effective May 3, 2011.
- Filing an annual report containing false information, or omitting information, may result in the assessment of a civil forfeiture.

### 1. ANNUAL REPORT OF:

411 | Newton Bus Service, Inc.

\*WMATC No.      \*Name of Carrier (as shown on certificate of authority)

6838 Belroi Road, Gloucester, VA 23061-3827

\*Street Address of Principal Place of Business

Mailing Address (if different from street address)

(804) 693-2521

(804) 693-7542

\*Telephone Number

Other Telephone

Fax Number

E-mail

### 2. CARRIER CONTACT PERSON (at mailing address to whom we should direct inquiries):

Ms. Kara Jones

Accountant

\*Name

\*Title

(804) 693-2521

(804) 693-7542

\*Telephone Number

Other Telephone

Fax Number

E-mail

### 3. REGISTERED AGENT INSIDE THE METROPOLITAN DISTRICT FOR SERVICE OF PROCESS

\*(Complete section 3 only if the street address in section 1 is outside the Metropolitan District):

The Metropolitan District includes the District of Columbia, Prince George's Co., Montgomery Co., Alexandria, Arlington, Fairfax, Falls Church, and Dulles Airport. For a full description, see [www.wmatc.gov](http://www.wmatc.gov).

United Motorcoach Association

Name of Registered Agent for Service of Process

113 South West St., 4th Floor, Alexandria, VA 22314-2824

Street Address

(800) 424-8262

Telephone Number

Other Telephone

Fax Number

E-mail

4. **\*CHANGES:** Describe any merger, consolidation or other change in management, ownership, control, or form of organization that occurred after the previous year's annual report was filed, or if not applicable, after the carrier's certificate of authority was issued. If no changes are entered below, the carrier certifies that no such changes have occurred.

*No changes*

5. **\*LIST OF REVENUE VEHICLES USED IN WMATC OPERATIONS:** Choose one, and **only one**, of the following three options: (1) list your vehicles below, (2) make any necessary corrections on the enclosed vehicle list, check the box indicating all information is accurate, and return the list with both pages of this form; **or** (3) attach your own vehicle list to both pages of this form. Include **all** required information.

Fleet No. (if applicable)	*Model Year	*Make	*Vehicle VIN (17 digits)	*License Plate Number	*State Registered	*Seating Capacity

6. **\*CERTIFICATION:**

I certify that this report, including any attachments, was prepared by me or under my supervision, that I have examined it, and that the information contained in it is true, correct, and complete as of this date.

Karla Torres  
\*Name (Type or Print)

*Karla Torres*  
\*Signature

Accountant  
\*Title

01/03/2011  
\*Date

## 2011 Annual Report: Revenue Vehicle List

Name: Newton Bus Service, Inc.

Trade Name:

Carriers are required to provide a complete list of revenue vehicles used in WMATC operations. Choose one and only one of the following options: (1) list your vehicles in the space provided on page 2 of the annual report form; (2) make any necessary corrections to this list, check the box indicating all information is accurate, and return this list with both pages of your annual report form; or (3) attach your own vehicle list to both pages of the annual report form. Failure to report revenue vehicles may result in a civil forfeiture.

Check this box if all information on this list, including any corrections, is complete and accurate.

Fleet No.	*Model Year	*Make	*VIN (17 digits)	*Plate	*State Registered	*Capacity
162	1992	Prevost	2P9L33404N1001475	<del>E36601</del> No TAGS	VA	47
163	1992	Prevost	2P9L3340XN1001478	<del>E36751</del> No TAGS	VA	47
171	1994	Prevost	2P9L33409R1001820	E35459 ✓	VA	47
172	1994	Prevost	2P9L33406R1001824	H510874 ✓	VA	46
176	1995	Prevost	2P9L33493S1001574	E35503 E30016	VA	55
177	1995	Prevost	2P9L33499S1001577	E36603 E30017	VA	55
178	1996	Prevost	2PCL33490T1025858	E36604 E30018	VA	55
179	1996	Prevost	2PCL33495T1025872	E35623 ✓	VA	55
180	1997	Prevost	2PCL3349XV1026115	E36614 E30019	VA	55
181	1997	Prevost	2PCL33493V1026117	E36615 E30020	VA	55
182	1997	Prevost	2PCL33491V1026150	H510875 E30021	VA	55
183	1998	Prevost	2PCL33491W1026473	E35698 ✓	VA	55
184	1998	Prevost	2PCL33499W1026477	E35619 ✓	VA	55
195	2000	Prevost	2PCX33493Y1027287	E35444 ✓	VA	55
196	2000	Prevost	2PCX33494Y1027301	E35595 ✓	VA	55
199	2001	Prevost	2PCX3349511027605	E35621 ✓	VA	55
200	2001	Prevost	2PCX3349011027611	E35625 ✓	VA	55
206	2009	MCI	1M86DMHA39P058810	E36612 ✓	VA	55
207	2010	MCI	1M86DNHA6AP059244	E30014	VA	55